

**Permission Form for Emergency Medical Treatment  
For Youth & Children  
(Necessary for anyone under 18 years of age)**



***Please print clearly:***

Child's Full Legal Name: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

I give my consent for the Pastor for Youth and Their Families and youth volunteers and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for:

Name of Child: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers where I can be Reached: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Insurance Information**

Insurance Company  
Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Parent's Employer/Company  
Where Insurance is Registered:  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Any medications being taken/dosage:  
\_\_\_\_\_  
\_\_\_\_\_

Any other significant information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_